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ABSTRACT

Suicide is the second (behind accidents) leading cause of death for 15- to 24-year-olds. Schools are in a unique position to make a difference in suicide prevention by addressing three distinct phases of the problem: prevention, intervention, and post factum. Factors are identified that have a direct bearing on level of risk and should be carefully incorporated into a suicide prevention planning effort. The goal of intervention is to identify at-risk youth early and to coordinate school resources to continue an active role of intervention until stability has been achieved. Each school will need to adopt plans and procedures to cope with the crisis of a student suicide. Excerpts from the suggested procedures for schools in Fairfax County, Virginia, highlight steps to take when a suicide or similar crisis occurs. Summaries of the suicide prevention programs in Fairfax County and in the Quakertown Community School District, Pennsylvania, illustrate what schools can do to prevent suicide. Additional resources are listed. (MLF)

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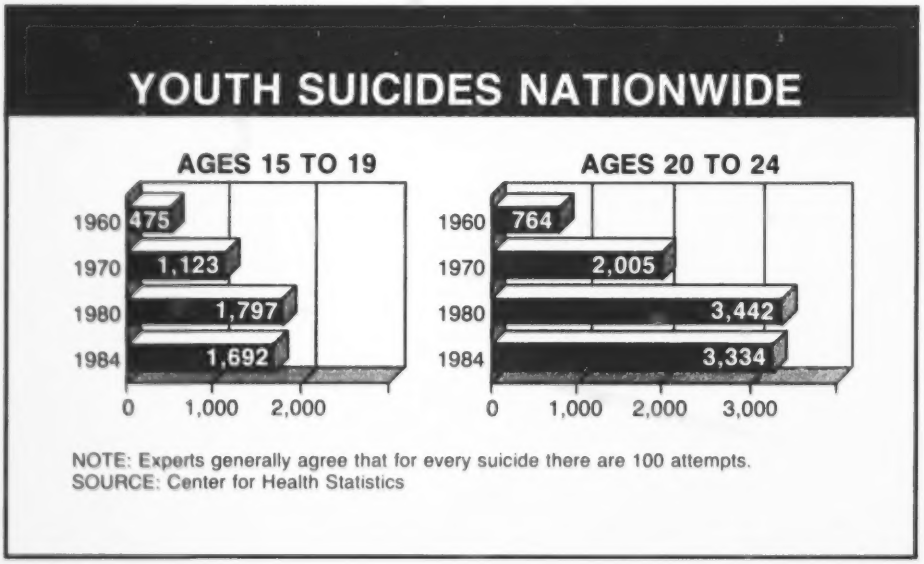
Student Stress and Suicide

Perhaps second only to the AIDS pandemic, the problem of youth suicide is a cause for increasing alarm. The number of suicides among students throughout the country has forced yet another serious problem on teachers and administrators. More research and evaluation of suicide prevention methods is certainly desirable, but principals cannot afford to delay the planning and implementation of programs that address this problem.

No school is immune from student suicide. The propensity on the part of young people to indulge in self-destructive behavior crosses all socio-economic, ethnic-cultural, urban-rural, male/female and familial boundaries. The National Center for Health Statistics in 1984 revealed that suicide, for the first time in our history, moved from third to second place (behind accidents) as the leading cause of death for 15 to 24-year-olds.



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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

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When stress, depression, or rage overwhelm a student, suicide (or some other form of self harm -- alcohol, drug abuse, premature pregnancy) can be the result. Sometimes sensitive, angry, and thwarted young people choose to protest with their lives. Schools cannot escape an increasing recognition of their potential role in prevention. The schools of our country are in a unique position to make a difference. Since youth do not typically seek help voluntarily or approach helping resources like parents, mental health or social agencies, school personnel may be the first to notice the behavioral signs of stress. Schools have our youth population as captive audience for six or more hours a day, 180 or more days a year. Schools have a vast resource of trained professionals with years of experience in communication and observation skills -- the entire professional staff. And remember, the suicide attempter returns to the school after treatment.

The school can address three distinct phases of the problem:

- Prevention
- Intervention
- Post factum

Prevention

Any school-based prevention program should begin with an assurance of support from the local PTA and the school board. It is not uncommon for schools to experience some resistance when initially planning for suicide prevention. Schools have experienced this phenomenon before when planning and implementing drug, alcohol, and sex education programs.

Why do schools and communities resist involvement? One encounters such statements as "Don't thrust an additional social burden upon an already overburdened educational system!" or "Teen suicide is a complex, sociological, psychological, and familial phenomenon, and schools lack the expertise to become involved ... this is a responsibility of treatment professionals!" or "To get involved is to heighten the risk of schools becoming the target of law suits!" Fortunately, most educators realize that to do something really places us in less jeopardy then to do nothing.

Involved educators are finding inextricable links between prevention and education. Raising the awareness of staff members about the life crises of young people has assisted them in getting to know students better. To learn something about appropriate detection and intervention is to sharpen one's skills in observation and communication. Teachers now face problem students every day without feeling the rewards of assisting them. Teachers can help if they can actively engage the student in the classroom and reduce his/her emotional pain.

Prevention planning should emphasize collaboration, understanding, and a commitment to helping those in need. A resolution, for example, jointly passed by the board of education, teachers association and student government,

committing the school to certain prevention efforts, tends to erode issues of resistance, denial, and opposition. It can provide one of those rare equalizing bonds that create a sense of community in a school.

Responsible suicide education programs must resist being immobilized by the fear that somehow we may implant the idea and cause it to happen. It is true that highly sensationalized portrayals of suicide on TV news and in movies have produced "copy-cat" attempts. But school-based prevention does not fall in this category. To teach young people to breech a confidence to save a friend rather than risk ultimate loss is not suggestive, but constructive.

Planning must always be an on-going process in school programs. A subject as sensitive as suicide prevention requires indepth thinking by students, teachers, and parents. Every available resource should be utilized. The following factors have direct bearing on level of risk and should be carefully incorported into a suicide prevention planning effort.

- Family history of suicide or suicidal behavior
- Previous suicide attempts
- Recent suicide of friend or relative
- Withdrawal from family and/or friends
- Expressing suicidal thoughts or threats
- Major personality changes
- Changes in eating or sleeping habits, appearance, energy level, or interest in friends or activities
- Outbursts of violent or rebellious behavior
- Running away
- Trouble with the law, friends, authorities
- Difficulty concentrating
- Drug and/or alcohol abuse
- Unexplained decline in quality of school work or athletics
- Feeling "different" from family or friends
- Rejection by boyfriend or girlfriend
- Lack of confidence in the future
- Giving away cherished possessions

(Source: Youth Suicide National Center)

Prevention also means good communication. The involvement of students, parents, and community cannot be overly stressed. In 1986, Richard A. Dempsey wrote in the NASSP publication, The Trauma of Adolescent Suicide: "there will be one adolescent suicide attempted each minute somewhere in the country." Planning for suicide prevention in the school and community is hardly an option. Communicating the behavioral signs to all interested parties is the necessary first step to a solution.

Intervention

Intervention by school personnel should not be confused with the process of diagnosis and treatment. To intervene is to do something that alters or halts a student's slide into a deeper level of crisis. Intervention can range from a mere conversation between a student and a trusted teacher to an elaborate team effort. The goal is to identify at-risk youth early and gather information to assist the professional diagnostician or therapist at the point of referral.

Whatever the cost in money and time, school resources must be coordinated to continue an active role of intervention until stability has been achieved.

To insure consistent intervention practices by school personnel and to avoid misunderstandings both in the school and community, it is important to establish clear and unambiguous policies and procedures. Staff members must maintain good internal communication and consistent application of procedures. They must know the answers to such questions as:

- How is the suicidal student identified?
- Who approaches the student?
- Who informs the parents?
- When are referrals to other agencies made?
- How are other students and parents involved?

Barry D. Garfinkel, Director, Divison of Child and Adolescent Psychiatry, University of Minnesota Medical School, cautions that three general areas must be examined in attempting to identify potential suicide victims: 1) The incidence of depression in the youth population; 2) Various psychosocial stresses affecting the students; and 3) Their methods of reponding to and handling difficult problems.

Garfinkel lists the following 10 most common "stressors" experienced by adolescents who attempt suicide.

- Breakup with boyfriend or girlfriend
- Trouble with brother or sister
- Change in parents' financial status
- Losing a close friend
- Trouble with teacher
- Changing to a new school
- Personal injury or other physical illness
- Failing grades
- Increased arguments with parents
- Parental divorce

Garfinkel emphasizes the behavioral patterns and clinical features that characterize suicide attempters in a high school setting:

- ⚠ Angry and explosive outbursts
- ⚠ Passive withdrawal into drinking, smoking, and drug use
- ⚠ Avoidance types of behavior like oversleeping, joy-riding, and infrequent communication with adults
- ⚠ Antisocial behavior such as fighting, violent outbursts, stealing, and vandalism
- ⚠ Visits to family doctors for depression
- ⚠ Deteriorating school work

Whatever the cost in money and time, school resources must be coordinated to continue an active role of intervention until stability has been achieved.

Post Factum

When tragedy strikes a school, particularly the suicide death of a student, the school experiences an enormous crisis. Each school will need to adopt plans and procedures in keeping with local school-community mores. Coping with such a crisis is often dependent upon the quality of planning by school staff members. The following are excerpts adapted from the suggested procedures for schools in Fairfax County, Virginia, when a suicide or similar crisis occurs.

Preplanning

1. Decide in advance who is to be in charge during a crisis. Designate a substitute in the event that the appointed person is unavailable at the time of the emergency. Make certain that all staff members know who these persons are.

2. Provide a thorough inservice session on suicide prevention in every high school and intermediate school at least every other year.

3. Hold an inservice for school secretaries on how to handle telephone calls and requests for information from the community.

4. Use phone trees to communicate as rapidly as possible with persons who need the information and need to be involved.

Crisis Activity

1. Notify the key people within the school system of the crisis. Locate the social worker, visiting teacher, and psychologist and ask them to be available.

2. Since the local press often descends upon a school immediately after a tragedy, refer reporters to the appropriate staff person.

3. Do not wait. Delay can give rise to rumors that add another dimension to the existing problem. Delays also can prompt anger on the part of the students--a feeling that "no one really cares."

4. Prepare a general announcement to be given by the principal or designee. It is not necessary to mention suicide/death/accident or to give details. (Information at the early stages is often inaccurate.) A straightforward sympathetic announcement of a loss with a simple statement of condolence is recommended. Be as truthful as possible when students ask direct questions. Truth tends to dispel speculations.

5. Hold a faculty meeting as soon as possible. Ask school staff members to make themselves available to parents and other members of the community, if appropriate.

6. When a suicide or other untimely death occurs, invite the identified friends of the deceased to meet in a group at a selected site. Calling large assemblies to discuss suicide is not recommended.

7. With regard to a memorial or other observance for the deceased, be aware that there is a fine line between dramatizing a death and doing something appropriate that allows students to express a sense of loss.

8. If students wish to attend funeral services or actually take part in them, the wishes of the family must first be considered.

9. If student suggestions are inappropriate and refusal on the part of the administration causes anger among students, it is important to continue the dialogue.

Follow-Up

1. Plan appropriate follow-up activities for grieving students and teachers. Group meetings often evolve naturally from the initial sessions.

2. Arrange crisis debriefing sessions for those persons involved in the crisis management. Procedures and implementation should be discussed.

To Illustrate

Quakertown Community School District
600 Park Ave.
Quakertown, Pa. 18951

James Newcomer, Director
Pupil Personnel
(215) 536-2300

During the 1983-84 school year the Quakertown Community School District experienced the tragedy of three student suicides. These untimely

deaths resulted in a state of crisis for both the school and the community. School officials and community leaders abruptly realized that their school and community was not immune from the problem that had already touched many communities throughout the country. Some expressed the wish to put the tragedies behind them and move on, but caring teachers, administrators, and community leaders had a different commitment.

In a February 1984 town meeting, the school district announced plans to retain additional resource persons to help identify and intervene with students and families experiencing a crisis. The district also granted the director of pupil personnel three months to review crisis intervention and prevention programs and make recommendations to the school board at the end of the year.

In September 1984, the Quakertown Community School District Board published this resolution:

> We the Quakertown Community of School Directors wish to publicly acknowledge our leadership responsibility in addressing epidemic adolescent dysfunctional and/or self-destructive behaviors which are serving to block growth and learning in our young. We further acknowledge, in support of the State Board of Education Position Statement on Prevention of Teenage Suicide, the establishment of prevention programs and services within the Quakertown Community School District which will formally establish our commitment to prevention as it is inextricably linked to improvement of instruction.
>
> Recognizing our part in the total community's responsibility for adolescent dysfunctional and/or self-destructive behaviors, we direct the Quakertown Community School District administration in conjunction with other interested school or community entity to propose definitive program and service plans which allow appropriate public school intervention with such behaviors as child and adolescent suicidal behavior, chemical abuse and dependency, physical abuse, sexual abuse, neglect, depression, defiance, truancy, pregnancy, anorexia nervosa, bulimia, school phobia, and school dropout.
>
> Finally, we invite Quakertown community governmental or private groups, area Boards of Education, and Intermediate Units to join us in public acknowledgement of our collective problem and join forces as we go forward to address what has clearly become a national priority. The Quakertown Community Board of School Directors publicly proclaims its belief that intervention can lead to prevention...and prevention can lead to enhanced growth and learning on the part of all our students.

As a result of the Board's leadership a variety of programs were established, including:

- Teacher training in prevention and crisis intervention
- Student Assistance Program (SAP)
- Community training programs

- After-school intervention program
- Hiring of additional support staff
- Establishment of follow-up program

Fairfax County Public Schools
10310 Layton Hall Dr.
Fairfax, Va. 22030

Beatrice Cameron
Assistant Superintendent
Dept. of Student Services
and Special Education
(703) 691-2964

The Fairfax County Public Schools began the development of a comprehensive adolescent suicide prevention program in 1982 designed, in cooperation with other community agencies, to make students, teachers, and parents aware of the problem of adolescent suicide, some of its causes, and effective means of prevention. Subsequently the School Board included in its instructional priorities for the 1982-83 school year a direction that staff members "work with community resources to address the mental health of troubled students." The superintendent asked the Department of Student Services and Special Education to be responsible for the effort. Three steps were taken to plan a comprehensive prevention program:

1. A review of the available research
2. The assessment of community resources
3. Establishment of an Advisory Committee, to include
   - Principals
   - Staff members from central administration of the school system
   - Staff members from the Department of Social Services
   - Medical professionals
   - Social workers
   - Psychologists
   - School guidance counselors
   - School nurses
   - Police officers
   - Parents

The advisory committee made the following recommendations.

Faculty and School Administration. A monthly faculty meeting will be scheduled in each high school at which the film, "Adolescent Suicide: A Matter of Life and Death" will be shown. This will be followed by a 20-minute informational session conducted by a mental health speaker from the community. The following day, the school social worker, psychologist, and guidance counselor - and in some cases community speakers - will hold a day-long open session in the home economics living room where the atmosphere is relaxed and coffee can be made available. School personnel will be invited to attend for informal discussion throughout the day. All faculty members will receive a copy of the National Institute of Mental Health publication entitled "Adolescent Suicide: Mental Health Challenge."

Parents. Presentations will be held over the school year at county libraries, community centers, and in school buildings. Repeating similar presentations at various times of the day will ensure that all interested parents can attend at a time and location that is convenient to them. The sessions will be dually presented by a school representative and a community representative. They will take the form of showing a film and then having open discussion with the mental health professional present. Divorced parent organizations will be contacted and also urged to accept such programs for their meetings.

Students. Community speakers will be offered to student assemblies at no cost. Much of the focus will be to dissolve some of the common adolescent fantasies about death.

Health education classes will be encouraged to show films and invite outside speakers. Again, the community agencies have volunteered time and knowledgeable personnel. The school social worker and psychologist will also be available to meet with such classes or help the teacher prepare a presentation.

A number of students have expressed interest in organizing peer groups for discussion and counseling. This is to be encouraged with a professional group leader. Both school and community representatives will provide such service for three to five session groups. A target area for student programs is recognizing friends who need help and dispelling notions of the disloyalty of discussing this need with potentially helpful adults.

The committee also assumed responsibility for coordinating the use of resources and evaluating the program.

Resources. A pool of trained mental health professionals was made available as speakers or group leaders for faculty training sessions, information programs for parents, and to serve as resource persons for the prevention activities serving students directly. The pool was created by using school staff members with appropriate training and experience, clinical practitioners on the staff of the cooperating mental health agencies, and professionals in private practice.

When tragedy strikes a school, particularly the suicide death of a student, the school experiences an enormous crisis. Each school will need to adopt plans and procedures in keeping with local school-community mores.

Many of the young professionals in private practice welcomed the opportunity to meet with teachers and parents on the subject. In the Commonwealth of Virginia, behavioral science professionals as well as medical professionals are licensed, and there were many with the experience and training that qualified them to serve as speakers and group leaders.

A committee composed of members of the school staff, mental health professionals, and parents was appointed to review audiovisual materials and make recommendations. There is an abundance of materials, but much of it is of poor quality or unsuitable for use in a program sponsored by the public schools. Some materials deal with the subject unrealistically; others are euphemistic, alarming, or inappropriate for certain communities or groups.

Even the most attentive audience of teachers, parents, or students will have difficulty absorbing all that is said in orientation sessions. For that reason, speakers were encouraged to prepare and hand out additional written information covering such things as the relevant points of their presentations, the signs and symptoms of depression or crisis in children, guidelines for receiving information and reacting to it, and directions about what to do in specific situations. Speakers were urged to develop written materials that were simple and straightforward in style, not overly dramatic, and emphatic about the need to take warning signs seriously and to make them the basis for preventative actions.

Intervention by school personnel should not be confused with the process of diagnosis and treatment.

The pamphlet by Arthur S. Freese, Adolescent Suicide: Mental Health Challenge (Public Affairs Pamphlets, 381 Park Ave., South, New York, New York 10016) was given to each teacher by the school system at the awareness sessions presented to all secondary school teachers.

Evaluating the Program. The advisory committee evaluated the effectiveness of the various activities and the program itself as the implementation was taking place. The program was an unprecedented effort for a large public school system and active monitoring greatly increased the chances for success and provided the information needed to make improvements. The evaluation process also helped maintain a sense of continued involvement for the cooperating community agencies. The committee concluded that the program was most effective when a model presentation or activity was prepared in advance and then implemented in a local school, as opposed to allowing each school to totally design its own efforts. Experience gained during the first year provided the basis for modifying or eliminating those activities that proved unsuccessful.

Because of the turnover in both the staff and student bodies of intermediate and high schools, it probably will be necessary to repeat the major activities of the program at least once every three years.

Additional Resources

Achieving Success With More Students: Addressing the Problem of Students at Risk, K-12 (includes Quakertown model)
Commonwealth of Pennsylvania
Department of Education
333 Market St.
Harrisburg, Pa. 17126-0333

Adolescent Suicide Awareness Program Manual: A Comprehensive Education and Prevention Program for School Communities
South Bergen Mental Health Center Inc.
646 B Valley Brook Ave.
Lyndhurst, N.J. 07071

Adolescent Suicide Prevention Programs: A Guide for Schools and Communities
Fairfax County Schools
Belle Willard Ad Center
10210 Lazton Hall Center
Fairfax, Va. 22030

American Association of Suicidology
2459 S. Ash St.
Denver, Colo. 80222
(303) 692-0985

Life Crisis Services, Inc.
1423 S. Big Bend Blvd.
St. Louis, Mo. 63117
(314) 647-3100

National Committee on Youth Suicide Prevention
666 Fifth Ave. 13th Floor
New York, N. Y. 10103
(212) 247-6910

National Suicide Help Center
Box 711
Clear Lake, Iowa 50428
(515) 357-HELP

Peer Facilitator Quarterly
Educational Media Corporation
Box 21311
Minneapolis, Minn. 55421

Suicide Prevention: A Resource and Planning Guide
Publication Sales Office
Wisconsin Department of Public Instruction
125 South Webster St.
P.O. Box 7641
Madison, Wisc. 53707

Suicide Prevention Center, Inc.
184 Salem Ave.
Dayton, Ohio 45406

Tips for Principals, "How to Handle Death in the School," NASSP, December 1986.

The Trauma of Adolescent Suicide: A Time for Special Leadership by Principals. By Richard Dempsey. NASSP, 1986.

This Practitioner was prepared by Fred C. Shipman, director of pupil personnel services, Easton Area School District, Easton, PA.

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